| BEST AVAILAGIE COPY  |  |   |                         |                                   |                     |                  |          |                    | . 19/900435                  |                 |                    |                        |  |  |
|--|--|---|-------------------------|-----------------------------------|---------------------|------------------|----------|--------------------|------------------------------|-----------------|--------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECO  |  |   |                         |                                   |                     |                  |          |                    | Application or Docket Number |                 |                    |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                         |                                   |                     |                  |          | SMALL I            | YIIIY                        | OR              | OTHER              | THAN<br>ENTITY         |  |  |
| TOTAL CLAIMS   |  |   | .1                      | 8                                 |                     |                  | İ        | RATE               | FEE                          | 7               | RATE               | FEE                    |  |  |
| FOR  |  |   | · MUMBER                | · MUMBER FILED                    |                     | MAMBER EXTRA     |          | PASIC FE           | 355.00                       | OR              | BASIC FEE          | 710.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 9 minus 20=             |                                   | •                   |                  |          | X2 2=              |                              | T <sub>OR</sub> | X\$18=             |                        |  |  |
| INDEPENDENT CLAIMS   |  |   | - Seunim V              |                                   | •                   |                  |          | . X40-             |                              | OR              | X80=               |                        |  |  |
| MULTIPLE DEPENDENT CLAIM PI  |  |   | RESENT                  |                                   |                     |                  | 1        |                    | +                            | 1               |                    |                        |  |  |
| * If the difference in column 1 is less than zero, enter *0" in column 2   |  |   |                         |                                   |                     |                  | •        | +135-              | ļ                            | OR              | +270=              | -//                    |  |  |
| TOTAL OF ANY AS ANY TOTAL TITLE  |  |   |                         |                                   |                     |                  |          |                    |                              |                 |                    | 7/0                    |  |  |
| ĭ  | 5/11/05 (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL |   |                         |                                   |                     |                  |          |                    |                              | SMALL           |                    |                        |  |  |
| MENDMENT A   | 4  | CLAIMS 'REMAINING AFTER AMENDMENT         | ::.                     | NUM<br>PREVIC<br>PAID             | BEA                 | PRESENT<br>EXTRA | ·        | RATE               | ADDI-<br>TIONAL<br>FEE       |                 | RATE               | ADDI-<br>TIONAL<br>FEE |  |  |
| Ş  | Total  | 1 24                                      | Minus                   | 1 - 2                             | 20                  | . /              |          | XS 9=              |                              | OЯ              | X\$18_             |                        |  |  |
| Į  |  | · 3                                       | Minus                   | 25:1257                           | <u>3</u>            | -                |          | X40=               |                              | ОЯ              | X80=               |                        |  |  |
| _  | rinoi rnesi  | NTATION OF M                              | ULTIPLE DE              | PENDENT                           | CLAIM               |                  |          | +135=              |                              | OR              | +270=              |                        |  |  |
| ·  |  |   |                         |                                   |                     |                  |          | TOTAL              |                              | 20              | TOTAL              |                        |  |  |
| ADOIT, FEEOH ADOIT, FEE   |  |   |                         |                                   |                     |                  |          |                    |                              |                 |                    |                        |  |  |
| AMENDMENT B  | 1914/05  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 1                       | HIGH<br>MUME<br>PREVIO<br>PAID I  | BER                 | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE       |                 | RATE               | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  | • • /                                     | Minus                   | 27                                | /                   | 2                | И        | X\$ 9=             |                              | OR              | X\$18-             |                        |  |  |
|  | Independent<br>FIRSY PRESE                                     | NTATION OF MI                             | ILTIPLE DEPENDENT CLAIM |                                   |                     |                  | X40-     |                    | OR                           | X80-            |                    |                        |  |  |
| <b>-</b>   |  |   |                         |                                   |                     |                  | ۱ ا      | +135=              |                              | OR              | +270=              |                        |  |  |
|  |  |   |                         |                                   |                     |                  |          | TOTAL<br>DOIT, FEE |                              | OR              | YOTAL<br>YOUT, FEE |                        |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                         |                                   |                     |                  |          |                    |                              |                 |                    |                        |  |  |
| AMENDMENT C  | 11/15/05   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                       | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ISLY<br>WER<br>USLY | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE       |                 | RATE               | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  | • //                                      | Minus                   | ·\/2                              | )                   | • /              | [        | X\$ 9-             |                              | OR              | X\$18a             |                        |  |  |
| ¥  | Independent  | ・ 〈グ                                      | Minus                   | 7                                 |                     | •/               |          | X40=               |                              |                 | X80=               | $\dashv$               |  |  |
| <u> </u>   |  | NTATION OF MI                             |                         |                                   | /                   |                  | <b> </b> | +135-              |                              | OR OR           | +270=              |                        |  |  |
| * If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.  ** If the 7 fightest Mumber Previously Paid For' Ist THIS SOUCE is less than the part of the part o |  |   |                         |                                   |                     |                  |          |                    |                              |                 | TOTAL              |                        |  |  |
| "If the "Toghest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEEOF ADDIT. FEE  |  |   |                         |                                   |                     |                  |          |                    |                              |                 |                    |                        |  |  |